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CONFIRMATION NO. 4470

<b>SERIAL NUMBER</b> 10/520,877	<b>FILING OR 371(c) DATE</b> 01/10/2005 <b>RULE</b>	<b>CLASS</b> 326	<b>GROUP ART UNIT</b> 2819	<b>ATTORNEY DOCKET NO.</b> 00879.0189USWO
<b>APPLICANTS</b> Andre Haake, Stadtlohn, GERMANY; Oliver Haake, Stadtlohn, GERMANY; Patrick Haake, Vreden, GERMANY;				
<b>** CONTINUING DATA *****</b> <i>mb</i> This application is a 371 of PCT/DE04/00765 04/14/2004				
<b>** FOREIGN APPLICATIONS *****</b> <i>mb</i> GERMANY 103 18 319.1 04/19/2003 GERMANY 103 22 866.7 05/21/2003				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>mb</i> Allowance Acknowledged <i>mb</i> Examiner's Signature <i>mb</i> Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 17
<b>ADDRESS</b> 23552		<b>INDEPENDENT CLAIMS</b> 2		
<b>TITLE</b> Safety strip for a striking edge safety device or closing edge safety device				
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	